

FILED JUN 9 1944

Registration District No. 1877

Primary Registration District No. 3040

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
624 1/2 Cherry Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)
In this community 20 years

3. (a) PRINT FULL NAME Charles William Alexander

3. (b) If veteran, name war No 3. (c) Social Security No. 490-10-3507

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Chloe Alexander 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Feb. 29 1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Albany, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman
11. Industry or business Car Sales

MOTHER FATHER { 12. Name Walter Emerson Alexander
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chloe Alexander
(b) Address Chillicothe, Missouri.

17. (a) Burial (b) Date thereof 5-22-'44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) May 26 (b) Law Elka Curry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 624 1/2 Cherry Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th.
year 1944 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from May 2 1944 to May 19 1944
that I last saw him alive on May 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? ✓ (e) Means of injury 10

23. Signature Res. Bee Barney (M. D. or other) 19
Address Chillicothe Mo Date signed 25-20-44

AUG 30 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Elmer Thomas

, Registered Apprentice No.

working under my personal supervision.

Signed

Elmer Thomas

Licensed Embalmer No.

2640

P. O. Address

Phillipathe Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.